

EXHIBIT "F"

DIRECTOR DEAL MEMORANDUM

This confirms our agreement to employ you to direct the project described as follows:

DIRECTOR INFORMATION _____

Name: _____ SSN#: _____

Loan out: _____ FID #: _____

Address: _____ Tel.#: _____

Salary (U.S.): \$ _____ per Show per Week per Day

Additional Time: \$ _____ per Week per Day

Start Date (on or about): _____ Guaranteed Period: _____
 Days Weeks

If this is the employee's first DGA-covered employment, check here (optional): Yes

Additional Terms: _____

PROJECT INFORMATION _____

Picture or Series Title: _____

Episode/Segment Title: _____ Episode ID#: _____

Length of Program: 30 min 60 min 90 min 120 min
 Other (specify length): _____

If this is for Segment work, check here: Segment (specify length): _____

Is this a Pilot? Yes No

If this is a project produced mainly for pay television, is the number of subscribers to the pay television service(s) to which the program is licensed at the time of the Director's employment 6,000,000 or less? Yes No

If this is a project produced mainly for pay television, is the budget \$5,000,000 or more? Yes No

Produced Primarily for: Network Non-Network Basic Cable
 Pay TV Videodisc/Videocassette

Type of Show (choose one from each box, as applicable):

<input type="checkbox"/> Dramatic (includes sitcoms, pilots & presentations) <input type="checkbox"/> Quiz & Game <input type="checkbox"/> Variety <input type="checkbox"/> Sports (specify event): _____ <input type="checkbox"/> News & Commentary <input type="checkbox"/> Local Freelance <input type="checkbox"/> All Other	<input type="checkbox"/> Series produced prior to February 10, 2002 <input type="checkbox"/> Series produced after February 10, 2002 <input type="checkbox"/> Strip - 5 per week <input type="checkbox"/> Movie or Mini-Series <input type="checkbox"/> Other _____	<input type="checkbox"/> High Budget <input type="checkbox"/> Low Budget	<input type="checkbox"/> Prime Time <input type="checkbox"/> Non-Prime Time
		<input type="checkbox"/> Live Broadcast	

You hereby authorize your Employer, _____, to deduct from the salary payable to you the amount specified in the Directors Guild of America Freelance Live & Tape Television Agreement as the employee's contribution to the Directors Guild of America-Producer Pension Plan. The Employer will pay the amount so deducted directly to the Pension Plan on your behalf.

This employment is subject to the provisions of the Directors Guild of America, Inc., Freelance Live & Tape Television Agreement.

Accepted and Agreed: Signatory Co. (print): _____

Employee: _____ By: _____

Date: _____ Date: _____